DECLARATION FOR	Attorney Docket No.	01-CT-334/DP	
UTILITY OR DESIGN	First Named Inventor	Salvatore PAPPALARDO	
PATENT APPLICATION	COMPLETE IF KNOWN		
(37 CFR 1.63)	Application Number		
☑ Declaration OR ☐ Declaration Submitted Submitted after	Filing Date	December 23, 2004	
with Initial Initial Filing Filing surcharge 37 CFR	Group Art Unit		
1.16(e) required	Evaminer Name		

As a below named Invento	or, I hereby declare that:						
My residence, mailing address, and citizenship are as stated below next to my name.							
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
SYSTEM FOR DRIVING COLUMNS OF A LIQUID CRISTAL DISPLAY							
the specification of which							
☐ is attached hereto							
OR							
was filed on (MM/DD/YYYY)	06/23/2003	as U.S. Application No. or PCT International Application No.					
and was amended on (MM/DD/YYYY)		(if applicable)					
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.							
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
I hereby claim foreign priority benefits under 35 U.S.C § 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Appl. No.(s		reign Filing Date MM/DD/YYYY)	Priority Not Claimed	Certified Cor Yes	oy Attached? No		
MI2002A 001424	ΙΤ	06/27/2002					
Additional foreign appli	cation nos. are listed on a su	pplemental priority	data sheet PTO/S	B/02B attac	hed hereto:		
	under 35 U.S.C. § 119(e) of a		provisional applica	tion(s) listed	below.		
Application Number(s)	Filing Date (MM/DD/YYY	Y)					

DE	CLA	RATIO	N – Utili	ty or	De	esign P	atent	App	licat	ion
DECLARATION – Utility or Design Patent Application I hereby claim the benefit under 35 U.S.C. 120 of any U.S. application(s) or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application										
	und the national or PCT international filing date of this application U.S. Parent Application or PCT Parent No. Parent Filing Date Parent Patent No.									
		<u> </u>				(MM/DD/YY)		(if applicable)		
			tional applicat							
As a named	inventor,	I hereby app	ooint the follov Trademark O	ving regis	tered	d practitioner	(s) to prose	ecute thi	s applica	ition and to
☐ Custome)	OR	.00.0	d thorowan.				
☐ Register	ed practit	tioner(s)-nam	eregistration		isted	below			 _	
	Name		Regist Num					Registration Number		
☐ Additiona	al registe	red practition	ner(s) named o	on supple	ment	tal-sheet PTC)/SB/02C a	attached	hereto.	
Direct all correspondence to: ☐ Customer Number 25235 OR ☐ Correspondence address below										
Name										
Address										
City	State ZIP									
Country			Telephone			Fax				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and such willful false statements may jeopardize the validity of the application or any patent issued thereon.										
Name of Sole or First Inventor:										
Given Name (first and middle [if any]) Family Name or Surname										
	Salvatore				PAPPALARDO					
Inventor's Signature		81	litore S	Refu	Date 25 November 2004					
Residence C	City	CATANIA		State		Country	IT	Citiz	enship	IT
Mailing Addr	ess	Via Calat	abiano, 38			•	•	ā		

State

.⊠Additional inventors are named on _1 supplemental additional inventor(s) sheet(s) PTO/SB/02A attached

ZIP

I-95125

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ITX



Country

CATANIA

ADDITIONAL INVENTOR(S) DECLARATION **Supplemental Sheet** Page __1_ of ___1_ Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Given Name (first and middle [if any]) Family Name or Surname **PULVIRENTI** Francesco 25 November Inventor's Date 2004 an 6560 Signature State Country Citizenship ACIREALE (CT) IT IT 173 Residence: City Via Pacinotti, 15 Post Office Address Post Office Address City State ZIP 1-95024 Country **ACIREALE (CT)** IT Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Given Name (first and middle [if any]) Family Name or Surname Salvatore PRIVITERA Ruvine Scholar 25 November Inventor's 2004 Signature Date Country **CATANIA** State IT Citizenship IT Residence: City Via Galermo, 110 Post Office Address Post Office Address City ZIP Country State I-95123 IT **CATANIA** Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Given Name (first and middle [if any]) Family Name or Surname SALA Leonardo 25 'eoueido Inventor's lovember 2004 Date Signature Stat Country Citizenship **PONT SAINT MARTIN (AO)** IT IT ノアメ Residence: City Via Circonvallazione, 9 Post Office Address Post Office Address State ZIP I-11026 Country IT City **PONT SAINT MARTIN (AO)**

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